

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90195 007 ***150.00

DOCUMENT # G33464

1. Entity Name
BELLA ITALIA PIZZERIA AND RESTAURANT, INC.



Principal Place of Business

**10801 STARKEY ROAD
SUITE 7
LARGO, FL 33777 US**

Mailing Address

**10801 STARKEY ROAD
SUITE 7
LARGO, FL 33777 US**

60001770



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2309654** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VITIELLO, PIA
10801 STARKEY ROAD
SUITE 7
LARGO, FL 33777**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VITIELLO, SILVERIO
STREET ADDRESS	9650 LEEWARD AVE, N
CITY-ST-ZIP	LARGO, FL
TITLE	DV
NAME	VITIELLO, PIA
STREET ADDRESS	9650 LEEWARD AVE. N.
CITY-ST-ZIP	LARGO, FL
TITLE	DV
NAME	VITIELLO, JOHN
STREET ADDRESS	9650 LEEWARD AVENUE N
CITY-ST-ZIP	LARGO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-07-727-397-826